



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

04 OCT 13 AM 11:55

CANDIDATE COMMITTEE
COVER PAGE

* AMENDED * 9/5/04

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 7-1-04 to 7-18-04
Mo Day Year Mo Day Year

1. Committee I.D. Number 137382

4. Candidate Last Name Owczarek First Name Thomas M.I.

2. Committee Name
Committee to elect Thomas Owczarek
for County Commissioner

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence COUNTY COMMISSIONER DIST #1

5. Committee's Mailing Address
2120 GARRICK
WARREN MI 48091
Area Code and Phone 586-756-8597

6. Treasurer's Name & Residential Address
Thomas Owczarek
2120 GARRICK WARREN, MI 48091
Area Code & Phone (586) 756-8597

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

SAME

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

N/A

Area Code and Phone ()

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

8-3-04
Month Day Year

9c. ☐ Annual Statement (Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Thomas Owczarek Thomas Owczarek Date 7-23-04
Type or Print Name Signature Mo Day Year

Candidate Thomas Owczarek Thomas Owczarek Date 7-23-04
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137382

2. Committee Name

Committee To Elect

Thomas Owen/Clark Full County Commissioner

**SUMMARY PAGE
CANDIDATE COMMITTEE**

*** AMENDED * 9-5-04**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) \$ <u>\$100 \$578*</u>	(18.) \$ <u>100 \$578*</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) \$ <u>\$100 \$578</u>	(20.) \$ <u>100 \$578*</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$578.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$578</u>	(23.) \$ <u>578</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$100 \$578*</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$100 \$578*</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$578</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>(100 \$578)* 0.*</u>	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

137 382

2. Committee Name

TO ELECT Thomas Owczarzak
County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 6-15-04

Name: Larry KATTELLO

Address: KAREN ST., WARREN MI 48091

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$100

\$100

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name: Thomas Owczarzak

Address: 2120 GARRICK WARREN MI 48091

5. If over \$100.00 cumulative, please provide:

Occupation CANDIDATE Employer _____

Business Address 2120 GARRICK WARREN MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$478

\$478

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name:

Address:

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$100578

\$100578



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

* AMENDED *
9-5-04

1. Committee I. D. Number

137382

2. Committee Name

TO ELECT THOMAS DWYZAREK

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>STAPLES</u> Address <u>Chesterfield Mich.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Copy Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-20-04	\$90
Expenditure #2 Name <u>PC Signs</u> Address <u>CINCINNATI Ohio</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LAWN Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-19-04	\$465
Expenditure #3 Name <u>STAPLES</u> Address <u>CHESTERFIELD, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOLDING OF LIT.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-6-04	\$23
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$578.00
\$578.00

Enter this total
on line 8a of
Summary Page